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# Is It Really Just All About Sex and Money? A Case Study of Teenage Motherhood in the Village of KwaXimba in the Valley of a 1,000 Hills

Margaret Nelson  
*SIT Study Abroad*

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Is It Really Just All About Sex and Money?  
A Case Study of Teenage Motherhood in the Village of KwaXimba in the Valley of a 1,000 Hills

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Fall 2012

**Abstract:**

The aim of this learnership at the Valley Trust was to gain insight into why teenage girls in the Valley of the 1,000 Hills fall pregnant and what is the cost of early motherhood on the future of young women. Previous research of the province KwaZulu-Natal has revealed that teenage pregnancies are a large problem in school districts and restricting the future academic pursuits of teenage mothers. The learner worked alongside the Valley Trust in coordination with their outreach programs in the local villages of the Valley of a 1,000 Hills to learn fundamental and underlying reasons behind teenage pregnancy in the rural areas of the Valley of a 1,000 Hills.

The learner gained primary data on teenage pregnancies through interviewing school-aged girls over the age of eighteen and by conducting a focus group of teenage mothers in KwaXimba. In these interviews and focus group the learner sought to acquire insight on the future limitations, struggles, and aspirations of adolescent girls to construct a body map detailing the learner's perception of teenage pregnancy and an adolescent girl's pursuit of womanhood. Through both the Valley Trust outreach programs and focus groups, the learner sought to understand the opportunity cost of being a South African teenage mother in the Valley.

Through interviews the learner found that peer pressure and poverty were major causes of teenage pregnancy in the area, but the issue of peer pressure went beyond friends and peer groups to include pressure from parents. The role of mothers pressuring their daughters into sexual relationships in search of money illustrated the dire economical need of families in the area and the cycle of teenage motherhood. Data obtained by the learner from teenage mothers repeatedly contradicted itself illustrating the complicated nature of adolescent pregnancies.

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Additionally, the learner would like to thank Sibongiseni Sibisi and MfanaFuthi Ngcobo from the Valley Trust. Thank you Sibongiseni Sibisi for organizing all of the focus groups and interviews, while aiding the learner with translation issues. The passion for youth issues that Sibongiseni Sibisi possessed and his respectable reputation in the rural villages in the Valley of a 1,000 Hills made this project possible. Additionally MfanaFuthi's translation assistance and chaperoning aided the learner in interviews with non-English speaking community members in the Valley of a 1,000 Hills.

The learner would like to express gratitude to the young women of KwaXimba who willingly shared their personal stories of peer pressure and teenage pregnancy during interviews and focus groups with the learner. Without their stories and experiences about teenage pregnancy in KwaXimba this project would have been unachievable.

**Introduction:**

In South Africa, many black teenage girls fall pregnant before reaching matriculation. Due to South Africa's effort to globalize, the "new found opportunities and risks for young people" and the "benchmarks for successful transition to adulthood" have changed (Panday, 2009). The high risk of unwanted pregnancies and sexual disease transmission coupled with increased educational prospects, is causing problems for young women who wish to obtain a good job and matriculate but are from a poor community where the rate of teenage pregnancy and gender inequalities is high. In recent years it has been found that in poor villages or rural settlements "young women struggle to meet immediate material needs" so "they make trade-offs between health and economic security" (Panday, 2009). These trade-offs to obtain economic security often put young women at risk for multiple relationships, sugar daddies, HIV transmission, and early pregnancies. The negative consequences of health trade offs affect a young woman's future economically, educationally, and physically.

The gender dynamics in South Africa often still fall under a paternal society where men have the upper hand in physical and emotional relationships. The Mbali Project in South Africa found that "the gender dynamics creating barriers to prevention are powerful, including gender norms that make it difficult for young women to negotiate safe sex with male partners" (Mantell, 2009). The gender script followed by many black South Africans puts young women at a higher risk of becoming pregnant during secondary school because they feel like they lack the ability to negotiate sexual activities, including the use of condoms. South Africa prides itself as "a rights-based society" where young girls cannot be denied education after pregnancy due to laws in the "Constitution and Schools Act of 1996" and "in 2007, the Department of Education released Measures for the Prevention and Management of Learner Pregnancy" (Panday, 2009). Though

South Africa's Constitution and laws have sought to allow pregnant teenagers and teenage mothers to stay in school, the genders dynamics and stigmatization of teenage pregnancy often push young girls out of school, damaging their future.

The objective of this independent study project was to utilize the connections of the Valley Trust non-governmental organization to gain a better understanding of the causes and costs of teenage pregnancy in KwaXimba, a rural village in the Valley of a 1,000 Hills. The Valley of a 1,000 Hills is in the KwaZulu-Natal province, which had the second highest percentage of teenage mothers in all the provinces of South Africa in 2008 (Health Systems Trust, 2008). The high rate of teenage pregnancy and teenage motherhood in both urban and rural areas of KwaZulu-Natal has been documented in South African journals, newspaper articles, and health reports. The problem of teenage pregnancy in KwaZulu-Natal is affecting young girls' ability to matriculate and seek higher education, forcing them into a future of unemployment. This project consisted of focus groups with teenage mothers and interviews with school-going young women over the age of 18 to search for causes and explanations of the high rate of teenage pregnancy in KwaXimba. The learner sought to understand the opportunity cost of teenage motherhood in KwaXimba and the effect it had on the lives of the young women interviewed.

The rationale for this study was to try and comprehend why young women in South Africa are falling pregnant and restricting their future opportunities. The gender dynamics of South Africa, high rates of poverty, and peer pressure have all been noted in literature to have an effect on the perpetuation of teenage pregnancy; however, this study attempted to find real-life experiences of youth in one village to obtain the deeper reasons behind teenage pregnancy. Teenage pregnancy is a problem that lacks an answer easily fixable by public and health policy.



Throughout this study the inconsistencies between the teenage mother's stories and contradictory statements about teenage pregnancy constructed a problem that lacked a simple solution.

Though solutions have been proposed, literature on teenage pregnancy agrees that “the inextricable link between adolescent motherhood and poverty and socio-economic disadvantage means that strengthening the negotiation and communication skills of young women and providing access to health services may not be enough to decrease risk for pregnancy” (Panday, 2009). The complexity of the problem in KwaXimba was illustrated to the learner through the personal stories of teenage mothers, the community gossip about teenage pregnancy, and the students' opinions about why teenage pregnancy is a large problem in KwaXimba. Through the voices of twelve young women, this independent study project discovered that teenage pregnancy is not caused by one weakness in KwaXimba, and the future of teenage mothers varies as drastically as the reasons behind the pregnancy.

## **Design Methods:**

### *Formal Interview Questions:*

The learner interviewed Valley Trust NGO members about the peer outreach program at local school districts and the efforts being made by the Valley Trust to provide support systems for pregnant teenagers in the Valley of a 1,000 Hills. These questions were asked to NGO members who participated in the peer outreach programs in the local area. Limitations of formal interview questions included personal bias, language barriers, and time constraints. These interviews served as background information to support the learner's data directly collected from school going learners and the learner's observations during focus groups with teenage mothers.

Questions directed at NGO members: What is the Valley Trust doing to combat teen pregnancies? What are your thoughts on the lack of family planning in the school system? What do you believe is the opportunity cost of becoming a teenage mother in the Valley of a 1,000 Hills and South Africa in general? In this community what does the future hold for teenage mothers? What effect do teen pregnancies have on the local economy? How can South Africa create policy or implement change that will reduce the number of teenage pregnancies in KwaZulu Natal? How long has the Valley Trust worked with the schools or the community to create peer outreach programs for pregnant teenagers? Does the school system reject assistance from NGO's with teenage pregnancies? Do you believe that pregnant teenagers are given the resources and encouragement from the school system to go back to school? What other Valley Trust health initiatives

are integrated with the school peer outreach programs? Who are the stakeholders in teen pregnancy?

*Focus Group:*

The learner facilitated one focus group of teenage mothers and one focus group of both teenage mothers and female students finishing matriculation who are over the age of consent to gain primary data about the opportunity cost of teenage pregnancies in the Valley of a 1,000 Hills. These focus groups were of an informal nature and included guided questions. Within the focus groups the learner asked the young women questions and encouraged them to share their personal stories. These focus groups were assisted by the Valley Trust in an effort to understand the struggles of pregnant teenagers and young women. The learner asked for verbal and written consent from the participants in the focus group to protect confidentiality and the privacy of the young women. Throughout the paper names have been changed to protect the privacy of the young women of the study. It was important for the learner to gain the trust of the young women and make the focus group an open and welcoming environment. The limitations of this focus group were language barriers, time constraints, and privacy issues. The stigma around teenage pregnancies also acted as a limitation due to the fact that some girls were hesitant to speak openly about their condition due to previous judgments made at school, at home, and in the community. The learner asked questions about the causes of teenage pregnancy to help discover the underlying causes of teenage pregnancy in the rural community of study.

*Informal Interview Questions:*

Questions directed at teenage mothers: Are you still in school? Did you feel peer pressured to have sex? Did your friends tell you to have sex? If you are still in school, do your parents take care of your baby? Did you still hang out with your friends once you got pregnant? Have men ever offered you gifts to be in relationships with them? Do you want to go to University? What is your future plans? Do you want to have a career? Were you nervous to tell your parents that you were pregnant? What is your relationship to the father of your child? Do you plan on marrying the father of your child? Do your parents want you to marry the father of your child? Who do you live with? How do you pay for the costs of a child? Does the child's father's family help pay? Do you regret getting pregnant so early? Do you want to wait till you have your next child? What do you do in your free time? Why do you think many young girls are getting pregnant in the Valley? Did you feel a responsibility from your parents to find a boy who could pay a high lobola and financially secure your family? What is poverty's role in teenage pregnancy? Did becoming pregnant make you feel like you had become a woman?

Questions directed at school going learners over the age of 18:

Do you think teenage pregnancy is a big problem in this area? If so, why? Do boys at school have more than one girlfriend? Is HIV a problem at your school? Do boys pressure girls into having sex? Do friend groups pressure each other into having sex? Do you feel pressure at home to find a wealthy boyfriend? Do boys

respect girls if they want to wait to have sex? What does the community think about teenage pregnancy? Does the school help pregnant girls finish matriculation? What do parents think when their daughter becomes pregnant? Does the father of the child usually marry the girl once she becomes pregnant? Are sugar daddies a problem in this area? What do you want to do with your future? Do students continue hanging out with the pregnant girls or are they isolated once they become pregnant? Have you had any friends at school who have become pregnant? Do the parents usually take care of the baby once it is born? Is it hard for young people to get jobs in this area? How does an adolescent girl become a woman in your culture?

*Participant Observation:*

It was important for the learner to observe the NGO's actions involving teenage pregnancy at both the Valley Trust center and in the community during outreach programs. At the Valley Trust, the learner collaborated with the Valley Trust outreach program coordinators to gain an understanding of what health efforts are being made in the community. The learner lived at the Valley Trust and engaged with Valley Trust employees and volunteers on a daily basis learning how the NGO functions and attempts to integrate health promotions.

The learner participated and observed focus groups composed of teenage mothers and school-aged teenage girls. Within these focus groups the learner asked questions, participated in conversations, and observed how the girls interacted with one another. The learner helped mediate these groups to gain a

better understanding of the personal experiences and struggles of teenage mothers in the communities around the Valley Trust.

These forms of participant observations had limitations that impeded the research and understanding of the learner. The main limitation was a language barrier. The learner speaks basic Zulu; however, was not able to understand complex conversations in Zulu. Additionally, as a foreigner the learner might not have gotten a full picture of the problem of teenage pregnancy due to its stigmatized nature in South Africa. Young women and school-going girls were sometimes hesitant to share private stories or concerns with the learner. For this reason, the learner will not be able to generalize her data or blindly accept statements made as fact.

#### *Interpretative Analysis: Body Mapping*

This interpretative analysis utilized the body mapping techniques learned from lecturer Eliza Govender at the University of KwaZulu Natal. The learner used body mapping to illustrate her own interpretation of the opportunity cost of teenage pregnancies in the Valley of 1,000 Hills. To protect the privacy and anonymity of the young women, this body map produced by the learner does not include any specific names or quotes from the participants of the focus groups. The body map was based solely on the learner's perception and analysis of findings. This body map includes information such as passions, future goals, strengths, and weaknesses to capture the learner's response to the reasons behind teenage pregnancy in the village of KwaXimba.

**Limitations of Study:**

The learner experienced many limitations that impeded her project's progress within the first two weeks of her stay at the Valley Trust. Due to the fact that the male community outreach workers had a workshop in Durban from November 5<sup>th</sup> to November 12<sup>th</sup> the learner was denied the ability to go out into the community, set up interviews, or conduct focus groups. Due to the unsafe nature of the surrounding community around the Valley Trust the learner was told that she was not allowed to leave the grounds without a chaperon. These "chaperones" that would have been normally available to the learner were stationed at the male circumcision community outreach workshop in Morning Side. Due to this, the learner was unable to leave the Valley Trust at any time, and had to rely on young men and women who were utilizing the Valley Trust library for any interviews during the first two weeks.

Additionally the internal structures of the Valley Trust were currently changing while the learner was participating with their NGO. A lack of recent funding in the Valley Trust had caused many employees to be laid off and a large amount of programs to be cut. Because the Valley Trust is in a transitional period with financial funding issues, they are currently not as active in the community as they once were in recent years. NGO workers told the learner that the remaining programs were also proceeding at a slower pace since it was at the end of the year. A few NGO workers recommended that the students should have come at a different part of the year when programs were more active and members were more available to facilitate focus groups and learning sessions.

Furthermore, the learner's specific topic of teenage pregnancy was hindered by the fact that the last two weeks of her stay at the Valley Trust were during matriculation. The local secondary schools in the area were taking their written matriculation exams, thus making interviews and focus groups difficult for school-going learners to take the time to participate in. Also the issue of matriculation affected the learner's ability to visit local schools and interview students, teachers, and principals. During the time of matriculation the Valley Trust outreach workers and peer outreach workers were not visiting schools or facilitating peer educational sessions about issues around teenage pregnancy, alcohol, and drug abuse. Although most of the students were finished with matriculation by the learners last half week at the Valley Trust, the learner only had limited time to work with the community outreach workers to communicate with local students and set up interviews.

The learner's advisor was also unavailable for the entire independent study time at the Valley Trust. The advisor was also unavailable during the learner's last week of the independent study project, making it difficult for the learner to have correspondence and assistance from the advisor. Despite the learner's attempt to remain in contact with her advisor, the lack of email responses from her advisor made this difficult. Although the learner's advisor confirmed his assistance as an advisor through email and verbal consent in person before the independent study process began, he remained entirely absent throughout the month of November. The learner's limited communication and meetings with the advisor was mitigated by the learner's connection and emails with Clive Bruzas at the Valley of a 1,000 Hills.



## **Literature Review:**

In post-apartheid South Africa, high rates of teenage pregnancy run rampant in young black women, specifically in the KwaZulu-Natal province. Despite aims by the government, non-governmental organizations, and school districts to mitigate the incidence of teen pregnancy, girls in South Africa are continuing to have children before they matriculate or have a career. The opportunity cost of becoming a teenage mother in South Africa creates long-term struggles emotionally, economically, and socially for young women. Journals, reports, and newspaper articles on teenage pregnancies reveal the urgency of the problem and how it is integrated with South African politics, economy, and medical state. This literature about teenage pregnancy in terms of opportunity cost and causes of early pregnancy is organized into five sections: data and statistics, newspaper articles, poverty and unemployment, social stigmas, and the economic problems that arise from teenage pregnancy.

The data and statistics recorded about South African teenage pregnancy illustrate the vast amount of young girls who face the opportunity costs of teenage motherhood. Both the Health System Trust and Panday's article "*Teenage pregnancy in South Africa - with a specific focus on school-going learners*" offer statistics, charts, and graphs that detail the problem of teenage pregnancy in the KwaZulu-Natal province and South Africa as a whole. The Health Systems Trust in the "South African Youth Risk Behavior Survey" states that KwaZulu-Natal province had the second highest percentage of women aged 15-19 in 2008 that have ever been pregnant; the only higher province was Eastern Cape (Health Systems Trust, 2008). Additionally, KwaZulu-Natal had the second highest percentage of women aged 15-19 in 2008 that have ever been mothers; the only higher province was Limpopo (Health Systems Trust, 2008). Consequently in Panday's article, the tables and charts in this report show that pregnancy rates

for learners have continued to rise and reveals a need to understand the high rates of pregnancy in South Africa. The fact that the number of learners has increased by over ten shows that recently there has been societal, economical, or educational factors that have led to the amplification of pregnant teenagers. Through statistics and charts, Panday shows how teenage mothers have a higher chance of becoming a victim to low educational attainment, poor academic performance, stigma, and low income. Due to the nature of this independent study project, statistics pertaining to rates of teenage pregnancy in KwaZulu-Natal are relevant to the understanding of the problem in KwaXimba.

The issues of poverty and unemployment are interrelated with teenage pregnancy. Kaufman, Taylor, and Gustafsson show the high correlation between teenage pregnancy and poverty in their articles. In *Adolescent Pregnancy and Parenthood in South Africa*, Kaufman states that although the South African educational system does not expel pregnant girls, many teenage mothers and pregnant teenagers still drop out of school and are forced into an “early adulthood” where job opportunities and the prospect of further education is bleak (Kaufman, 2000). The “early adulthood” and lack of education makes young women more likely to fall in poverty. The journal continues to address family responses to teen pregnancy with direct quotes and the option or lack thereof of aborting the pregnancy. This journal clearly states the effects of teenage pregnancy on multiple facets that relate to the topic of future opportunity cost. In Taylor’s article “In South Africa, Pregnant Teens Face Many Risks” he interviews a community health worker about the issues of teenage pregnancy and effects on poverty for young women. The community health worker believed that lack of education, teenage boredom, and the Child Grant process are the fuel behind the high number of teenage pregnancies. The issue of the Child Grant directly relates to the comments made by teenage mothers in KwaXimba. This

article reveals that there might be a mutual causation between poverty and teenage pregnancy, where both factors have an effect on each other. Gustafsson in “Teenage Motherhood & Long-Run Outcomes in South Africa” analyzed whether women who had teenage births in the past had more negative outcomes in relationship to poverty in 2002. He found that teenage pregnancy is endogenous to the high school completion and that teenage motherhood was found to have a strong correlation with high school dropouts and poverty. These three articles demonstrate the effect of teenage motherhood on poverty and the costs that teenage pregnancy has in South Africa.

The social implications and stigma placed on pregnant teenagers is illustrated through the articles of Ramcharan, Hunter, Mkhwanazi, and O’Sullivan. The stigmatized nature of teenage pregnancy affects the future of teenage mothers. In the article for the Ghandi Trust Fund, Ramcharan mentions stigmas and that the stigma of teen pregnancy can pose a barrier for young mothers who wish to continue schooling. It states that due to teen pregnancy, a “young mother misses out on her own development”(Ramcharan, 2007). This issue of personal, psychological, physical, and emotional development within pregnant teenagers will affect their future in South Africa and can be applied to the KwaZulu Natal area. Hunter discusses the issues of masculinity complexes in regard to men having multiple sexual relationships, which can both spread HIV and cause men to not take responsibility for their pregnant girlfriend. In *Understanding Teenage Pregnancy in Post-Apartheid South Africa*, Mkhwanazi states that teenage pregnancy maintains the status quo of how women are perceived in society (Mkwanazi, 2010). Mkhwanazi found that teenage pregnancy places a large burden of embarrassment on the family and the girls are placed in a “no-win situation” where they are expected to protect themselves from falling pregnant but those steps often jeopardize their respectability as a young woman (Mkwanazi, 2010).

Additionally, Mkwanazi offers the social phenomenon that some girls in South Africa want to become pregnant and see early childbearing as a route to increase their social mobility. In *Gender Dynamics in the Primary Sexual Relationships of Young Rural South African Women and Men*, O'Sullivan states that women are more disadvantaged with regard to decision making within relationships and it is hard for them to negotiate sexual predicaments like timing of sex, terms of the relationship, or condom usage (O'Sullivan, 2006). Socially, O'Sullivan found that South African women must follow a traditional sex script which denies them the power to their own body. This lack of power can lead to unplanned pregnancies and affect the future outcomes of the young woman.

Teenage pregnancy affects the economy of South Africa and the economic outcomes of teenage mothers. Macleod, Chaaban, and Kaufman stress the importance of investing in the lives of young girls in developing nations and the economic effects of teenage pregnancy. "Economic Security and Social Science Literature on Teenage Pregnancy in South Africa" links teenage pregnancy in South Africa to literature about economic security, revealing how a lack of education prevents teenage mothers from developing into productive members of the economy. In "Measuring Economic Gain of Investing in Girls", Chaaban notes the underinvestment in young girls and the cost of adolescent pregnancy as a share of GDP. Chaaban illustrates the "motherhood" tax and how young women's lifetime earnings would significantly increase if they finished schooling. This relates to the high drop-out rate in KwaZulu-Natal and how many teenage mothers are subjected to poverty because they are jobless. In "Bus Fair Please" Kaufman states that "sexual relationships are underpinned by economic exchanges" and that men gain sexual leverage over young women when there is an exchange of gifts (Carol E. Kaufman 2004). The economic hardships on young girls may end up increasing the number of sexual partners

they have to provide them with material items. Ultimately, the economic hardships of young women have an effect on teen pregnancy and can be an incentive to have multiple sexual partners and early births.

Collectively these articles and journals highlight the problem of teenage pregnancy in South Africa and reveal the multiple factors that lead to teenage motherhood and their outcomes. These articles illustrate the hardships faced by pregnant teenagers and show how teenage pregnancy affects the young woman, her family, her community, and South Africa as a whole. Although these articles touch on different factors involved with teenage pregnancy, ultimately they all address the need to deal with the high rate of young black girls conceiving without proper education or funds to raise a child.

## **Analysis and Findings**

### **Socio-historical Context of Teenage Pregnancy in South Africa:**

Teenage pregnancy and adolescent sexual relationships are widespread in both rural and urban areas of South Africa for black females. After the apartheid, social changes in South Africa for blacks were dramatic, causing them to modify their social actions and traditions. While the stringent social structure began to change, “by the turn of the twenty-first century, Africans were living in a modern society, characterized by cash economy, urbanization, modern education, new family structures and new values, and more individual freedom for young adults” (Garenne, 2008). This modernization that took place in South Africa for black youth introduced globalization in the form of mass media, better education, and less rigid customs to follow. However, at this time of globalization, many rural villages and adults did not experience these social changes, causing them to consign the same traditional values of early marriages and abstinence before marriage on their modernized children (Garenne, 2008). The social changes constructed after the apartheid has created a divide between parents and youth.

The increase in teenage pregnancies due to “seismic changes to the institution of African marriage in the twentieth century have long been noted in published work. Especially in urban areas, high levels of illegitimate children, extra-marital relations, and prostitution were seen as evidence for societal breakdown over half a century ago” (Mkhwanazi, 2010). This societal breakdown published has led to a higher rate of teenage pregnancies. However, the social changes in South Africa are not the only roots of teenage pregnancy; peer pressure, familial poverty, sugar daddies, the South African Child Grant, and cultural expectations were all identified by the young women of KwaXimba in the Valley of a 1,000 Hills as determinants of teenage pregnancy.

### **Peer Pressure in Schools of the Valley of a 1,000 Hills:**

The young women that the learner interviewed at the Valley Trust all shared one common belief: teenage pregnancy is a direct response of peer pressure. This familiar thread ran through each interview conducted with teenagers. Peer pressure affects teenagers all over the world, why is it that the peer pressure in the area of Kwa-Zulu Natal in South Africa ends up in a high percentage of teen pregnancies? The learner sought to understand the significance of peer pressure in the Valley of a 1,000 Hills and connect the relevance of peer pressure with issues of poverty and education. Peer pressure can encourage the youth to behave in ways that they believe are socially acceptable and expected by their friend groups, despite the negative ramifications for their actions.

In an interview with a LoveLife Groundbreaker from the Valley of a 1,000 Hills, the nineteen year old informed the learner that “peer pressure plays an important role in teenage pregnancy” (Gugu, 8 November 2012). When the learner asked the young woman to explain the role of peer pressure in teenage pregnancy, she stated that in this area the youth “have the mindset that by 16 or 17 you get pregnant” (Gugu, 8 November 2012). This mindset described by Gugu has a significant effect on the rates of teenage pregnancy in the area. If young girls believe that at a certain age they are expected to get pregnant they will engage in risky sexual behavior to fulfill that prophecy. She continued that the belief shared by many school children in the local secondary schools is that “you have to have a boyfriend. If you don’t have a boyfriend, something wrong with you” (Gugu, 8 November 2012). The necessity to have a boyfriend predisposes young girls to sexual relationships that they may or may not be ready for. The fact that Gugu commented that the peer culture she witnesses as a LoveLife representative believes that there is “something wrong” with girls who don’t have a boyfriend, creates a desperate

response from teenage girls to fit in. If normalcy involves having a boyfriend and engaging in sex, teenagers in the Valley of a 1,000 Hills will follow this guide, perpetuating unplanned pregnancies. In regard to having a baby at a young age, Gugu responded that “if you don’t have a baby in the womb by 19, people say you can’t have a baby” (Gugu, 8 November 2012). In comparison to her comment about boyfriends, Gugu has found in her outreach programs that peers view a girl as “wrong” or an outcast if she doesn’t have a boyfriend or has not had a baby by the age of 19. This illustrates the belief that young women must prove their fertility at a young age in this specific area. By having a “baby in the womb” by age 19, Gugu said that this is how members of society believe a girl has become a woman. The desire to be a woman in the rural villages around the Valley of a 1,000 Hills is partly responsible for why teenage girls are giving in to the peer pressure and falling pregnant. When questioned about how these beliefs spread throughout the community, Gugu responded nonchalantly that the “environment they grow up in gives them this impression” that teenage pregnancy is common and almost demanded from the youth to prove their ability to bear children. Gugu’s perception of the environment in the Valley of a 1,000 Hills depicts a society where peer pressure carries out traditions and established values about how young women are supposed to behave in the community.

In *Understanding Teenage Pregnancy in Post-Apartheid South Africa*, the author states that “teenage pregnancy thus plays a functional role in the maintenance and reproduction of ideals and norms by serving as one arena in which women who were likely to uphold and perpetuate the status quo were socially created” (Mkhwanazi, 2010). In the community where Gugu speaks with teenagers, the “ideals and norms” addressed by Mkhwanazi are a requisite for a boyfriend and early motherhood. Teenage pregnancy “upholds and perpetuates” the status quo because it reinforces the gender roles where women are vulnerable to the sexual advances from



men and continues the cycle of children raising children. The perceived status quo explained by Gugu is that young women should fall pregnant to prove that they are able to conceive and are sexually attractive to men. The peer pressure to fulfill this status quo pushes young girls to persuade each other that sex is the only way to satisfy a man and that teen pregnancy is a rite of passage.

The learner was informed of the tactics that girls use to keep boyfriends in secondary schools and how peer pressure affected the behavior of young women. Gugu stated that many girls believe “if you have a boyfriend and want to keep him, you keep him by having a child.” (Gugu. 8 November 2012). When girls get pregnant with their boyfriend’s baby “they think they will be the lucky one that he chooses to marry” however, this is contradicted by the fact that Gugu revealed the boyfriend “usually leaves once he finds out the girl is pregnant”(Gugu. 8 November 2012). The peer pressure and belief system that convinces girls that getting pregnant will keep a man is not accurate. This notion that girls share with each other about how to keep their boyfriend could be used as a coping method to justify their early pregnancy. A secondary student at the local Secondary School X in the Valley of a 1,000 Hills agreed “in a relationship you are expected to have sex” (Jabulile, 8 November 2012). The student believed that both a girl’s boyfriend and her peer group constructed this expectation. The student informed the learner that girls “copy their friends” and tell each other “your boyfriend doesn’t love you if you are a virgin” (Jabulile, 8 November 2012). The fact that the student believes that her peers copy each other’s behavior reinforces the belief that “adolescents are particularly sensitive to peer pressure, and want to behave like their schoolmates” despite the costs (Zwang, 2008). The learner was told that pressure from female friends is intensified when boys at school say, “this girl does not satisfy my needs, I’ll get another one” (Jabulile. 8 November 2012). The constant

trepidation that the girl might lose her boyfriend to another more willing girl as a result of abstaining from sexual intercourse, fuels the peer pressure around sexual relationships. The phenomenon of men leaving once they find out that their girlfriend is pregnant in search of a new girl has been explained by “the inability today of many men to achieve umnumzana (sir) status through work, marriage and fulfilling a ‘provider’ role” (Hunter, 2005). Because many men are unemployed and cannot afford to provide for a pregnant girlfriend they try and exhibit “expressions of manliness that celebrate numerous sexual conquests” (Hunter, 2005). The need to prove manhood and masculinity has encouraged some men to engage in numerous sexual relationships, damaging the future of young pregnant adolescent girls who are depending on their boyfriend to support them. The contradiction between modern male actions and rural village tradition surrounding pregnancies out of wedlock sends mixed messages to young girls and makes them vulnerable to a future as a young single mother.

One of the young women from a local secondary school told the learner a very telling statement about crisis of teen pregnancy in the Valley of 1,000 Hills. In the interview with the learner at the Valley Trust library the 18-year-old student concluded, “the youth is interrupted by pregnancy” (Mbalenhle, 8 November 2012). Like the other girls interviewed, she also agreed “teenage pregnancy is caused by peer pressure” (Mbalenhle, 8 November 2012). In an article about teenage pregnancy the Ghandi Trust asserted that a “young mother misses out on her own development” due to teenage pregnancy (Ramcharan, 2007). Similar to the student’s comment, teenage pregnancy interrupts a young woman’s youth and alters her own mental, physical, and emotional development. The interruption of pregnancy has life-altering effects on the development of the young woman in her community. The World Health Organization put out a bulletin on teenage pregnancy that stated “adolescents aged less than 16 years face four times the

risk of maternal death than women aged in their 20s” and their “younger bodies are not fully developed to go through the process of pregnancy and childbirth without adverse impacts” (World Health Organization, 2009). Teenage pregnancy is an event that demands a young girl’s body to behave as a woman’s and encourages early maturation at a time when adolescent girls have not fully physically or emotionally developed.

### **The Exchange of Gifts for Sex in the Valley of a 1,000 Hills:**

Recent estimates in Africa reveal that the rate of HIV transmission peaks among girls aged 15-20 years old and that about all of new HIV infections occur among the age group 15-24 (Kuate-Defo 2004). “In South Africa, where 35% of 19-year-olds have been pregnant at least once (South Africa Demographic and Health Survey 2000) and the prevalence of HIV reaching 14.8% among antenatal attendees under the age of 20 in 2001”, the issue of sugar daddies plays a role in teenage pregnancy and youth transmission of HIV (Carol E. Kaufman 2004). A sugar daddy is defined as an older man who provides a younger girl with material possessions in return for sexual favors (Carol E. Kaufman 2004). Due to sugar daddies, “young people in many countries are exploited” from trying to take “advantage of such relationships to meet their basic needs, upscale their living standing and outlook among peers, and/or get money, clothes, school fees, gifts” (Kuate-Defo 2004). The problem of older men finding “sugar babies” is present in the Valley of a 1,000 Hills where the prominence of poor black families and lack of job opportunities for young people creates an environment conducive to sexual gift giving.

In an interview at the Valley Trust on November 8, 2012 a Love Life “Groundbreaker” in the Valley of a 1,000 Hills, Gugu, spoke about the prevalence of sugar daddies in the area and the exchange between adolescents of valuables for sex. When asked about sugar daddies, Gugu

responded, “the children here, they are vulnerable”(Gugu. 8 November 2012). She continued that when “parents can’t afford it” the “girls from poor families” will find men to provide clothes, transportation, electronics, and pocket money for them (Gugu. 8 November 2012). Literature on sugar daddies supports Gugu’s claim that “sexual relationships of young people with sugar daddies and mummies are often linked to the financial status of parents, poverty, and peer pressure”(Kuate-Defo 2004). The lack of financial support from parents and the desire to fit into a material adolescent world acts a gateway to intergenerational relationships. The issue of peer pressure plays a major role in teen pregnancy, and the acquisition of a sugar daddy. Peer pressure and sugar daddies act as the link between poverty and teenage pregnancy because poverty magnifies the peer pressure that adolescents experience, causing them to turn to an older, financially stable male. A student at the local Secondary School X in the Valley concurred that “children from poor backgrounds have sugar daddies” and “older men buy them gifts to attract them to sleep with them” (Mbalenhle. 8 November 2012). A 26 year old teenage mother from KwaXimba in the Valley of a 1,000 Hills agreed with these statements saying “young girls want the top life, they want to eat nice food like KFC and wear mini skirts” so they have sexual relationships with men who can provide them with financial security (Deliwe, 15 November 2012). Deliwe continued that “taxi drivers and sugar daddies put food on the table for poor girls” in exchange for sexual favors (Deliwe, 15 November 2012). The vulnerability of poor black girls in the area can fall under the category of “sex for survival, whereby young people may engage in sexual relationships with older persons over a period of time as a currency exchange for money and/or gifts or for satisfaction of their basic needs in food, clothing, and shelter” (Kuate-Defo 2004). Both Mbalenhle and Gugu found that poverty led to sugar daddies in the area of the Valley of a 1,000 Hills. However, this act of gift giving and intergenerational

relationships creates a cycle of dependence and male sexual power where “men say ‘What are you going to do for me? I give you all these things’”. According to Gugu, men always want one thing in return: sex (Gugu. 8 November 2012).

The aspect of sexual gift giving goes beyond older men and teenage girls. The act of sexual gift giving has permeated into the culture of adolescent relationships. In the Valley of a 1,000 Hills, some boys who can afford to partake in gift giving will provide girls with items like perfume, clothes, car rides, and snacks in search of sexual favors. When asked about the prevalence of teenage girls having more than one boyfriend, Gugu counted off on her fingers saying that girls have “one boy for money, one for love, and one for transportation”(Gugu. 8 November 2012). Gugu’s casual reference to using boys for different material reasons, while saving one for “true love” illustrates her belief that this is a common tactic in the local area. The lack of economic resources for teenagers from poor families makes them more susceptible to accepting gifts, despite the fact that these gifts are the initiation of a sexual relationship. Additionally the multitude of boyfriends and girlfriends that adolescents have increases both the risks of HIV and teenage pregnancy. According to Gugu, HIV is spread throughout the youth by the integrated web of sexual relationships that adolescents participate in (Gugu. 8 November 2012).

“One girl who has HIV infects her two boyfriends. But those two boyfriends each have three other girlfriends. So then each boyfriend then infects his three other girlfriends. This is how the cycle of HIV works”(Gugu. 8 November 2012).

This web of sexual relationships facilitates the spread of HIV because it is constantly moving to new youth, who then continue to transmit it. Additionally if this sexual web is conducted without the use of family planning, teenage pregnancy is also a harmful effect of a multiplicity of

partners. The spread of HIV and the frequency of teenage pregnancy in adolescents are two integrated paradigms that seriously affect the future outcomes of teenagers. Both HIV and teenage pregnancy occur at higher rates when youth have unprotected sex with a variety of people. Gugu's reference to how both members of the relationship have significant others that they are engaging in sexual relationships with, illustrates her belief that boys are not entirely to blame. The prominence of girls having multiple boyfriends as well as their boyfriends engaging in sexual activity with several girls puts both parties at risk for spreading HIV and promoting unplanned pregnancies. Though this is not always the case, in instances where both parties in the relationship are seeking sexual acts outside the original relationship, the youth is responsible for perpetuating a dangerous future of HIV and teenage motherhood. When gift giving precedes sex, and young girls are desperate to acquire money and personal goods, teenager girls fall into the trap of multiple sexual relationships. Literature concludes that economic hardship may increase the number of sexual partners for both boys and girls, thus also increasing their risk for HIV (Carol E. Kaufman 2004). Multiple sexual relationships make the likelihood of teenage pregnancy and HIV infection higher, damaging the future of both the male and female party. Additionally sexual gift giving upsets the balance of power when girls feel responsible to compensate boys for presents.

The unbalance of power in sexual relationships occurs in both adolescent gift giving and sugar daddy relationships. Despite their age, men feel in power to decide whether or not family planning is utilized when gifts are given. During a discussion with a Community Care Giver in a very rural part of the Valley of a 1,000 Hills, when asked about teenage pregnancy and its significance in the community she stated "if the family of boy has paid, he can do sex as much as he wants" (Thandiwe, 2012). She continued to say that if the boy's family has paid, "he has the

right to her” in regard to the young woman (Thandiwe, 2012). In a study in 2004 that used focus groups of adolescents in Durban, South Africa to discover the significance of gift-giving in sexual relationships, the teenage boys in the study concluded that “indeed, they felt that if a girl was to accept a gift just before sex, then she was denying herself the right to ask a man to use a condom” (Carol E. Kaufman 2004). This unspoken rule of gift giving disturbs the balance of power in adolescent relationships because the boy believes that by giving a gift, he must receive a gift in return: usually sex without a condom. The lack of condom usage in these types of relationships was reiterated by Gugu when she stated, “black guys don’t like to use condoms” especially in cases when they believe the “girl owes them” (Gugu. 8 November 2012). If the boy feels that the girl “owes” him, he is more likely to demand that sex be performed by his standards. “The extent of relationships of coercion in these sexual relationships” of gift giving often lack “[forms] of protection (notably barrier methods) from pregnancy or sexually transmitted diseases like HIV” (Kuate-Defo 2004). Similarly to adolescent relationships, intergenerational sugar daddy relationships also exhibit sexual coercion and the notion that the girl owes the man services for the gifts he has provided for her. In poor communities, in reference to gift-giving it was found that “disparities in power result in girls lacking the confidence to negotiate” (Kuate-Defo 2004). Lack of communication in relationships denies young women the right to negotiate their sexual rights and protect themselves from sexually transmitted diseases and unplanned pregnancy. When speaking with a student in the Valley of a 1,000 Hills about the difficulty of negotiating with a boyfriend about delaying sexual intercourse she responded that “you must communicate with your boyfriend about what you want or don’t want sexually” and that a good guy will respect those wishes (Mbalenhle. 8 November 2012). However, the line of negotiation and communication can be blurred when the balance of power

in a relationship is weighted on the man's side. When the girl feels that the man controls the right to her body and sexuality, she is more susceptible to becoming pregnant against her wishes.

In *Gender Dynamics in the Primary Sexual Relationships of Young Rural South African Women and Men*, O'Sullivan states that young women are more disadvantaged with regard to decision making within relationships and it is hard for them to negotiate sexual predicaments like timing of sex, terms of the relationship, or condom usage (O'Sullivan, 2006). These negotiations are made more difficult when the balance of power is further skewed by the presence of gifts and favors. Socially, journals have found that South African women must follow a traditional sex script which denies them the power to their own body (O'Sullivan, 2006). This determined sex script and suppressed female voice can lead to unplanned pregnancies and affect the future outcomes of the young woman.

A young girl's participation in a sexual relationship that is built upon gift giving and an unbalance of power can have an effect on her future. Despite sexually transmitted diseases and teenage pregnancy, the unbalanced power relationships between men and girls established by sugar daddy and adolescent gift giving relationships give young women a skewed version of male and female sexual relationships. According to the women interviewed in KwaXimba in gift giving relationships, the exchange of gifts for sex gives girls the impression that the man is in charge and girls owe men. In a study on gift giving and sexual relationships in KwaZulu-Natal it was found that "most young people are well aware of the symbolic meaning of gifts; perhaps because gifts are so commonly used as a means for achieving sexual goals, it is also widely accepted and rarely questioned." (Kaufman, 2004). The belief that the sexual reciprocation is rarely questioned instills the idea that gifts from men are automatically a sexual innuendo, instigating a sexual relationship that the girl may or may not want. Sugar daddies and gift-



giving relationships play a large role in teenage pregnancy in the area of the Valley of a 1,000 Hills and can be detrimental to the economic, emotional, and mental well-being of young women. When the power of sex is placed in the hands of men who feel entitled to their gift recipient's body, unwanted pregnancies can occur placing a young woman in a poor position to succeed in her future.

### **Teenage Motherhood: A Focus Group on November 15, 2012**

On November 15, 2012 the learner facilitated a focus group of four women between the ages of 20 and 35 who had previously worked alongside the Valley Trust in their Vulnerable Children Care Workers Program. All four of these women had been teenage mothers and lived in the village of KwaXimba in the Valley of a 1,000 Hills. KwaXimba is a rural agricultural village comprised of one traditional leader. The learner was told that KwaXimba has high rates of poverty and unemployment. Within the focus group all four women addressed the fact that they became pregnant during grade 11 or grade 12 of secondary school. They all believed that poverty and peer pressure were causes of teenage pregnancy in the area. Unlike the statements made by the current female students in the Valley of a 1,000 Hills interviewed by the learner, the focus group of once teenage mothers revealed that the problem of teenage pregnancy went deeper than poverty and peer pressure at schools. The four women collectively believed that teenage girls are getting pregnant due to their mother's desperate attempts to obtain money from lobola's (money given to a bride's family by a man), the South Africa Child Grant, older men, and the damages paid by the father's family. The secondary data obtained by the learner on teenage pregnancy in South Africa, specifically Kwa-Zulu Natal on both urban and rural cases of teenage pregnancy did not mention that teenage girl's mothers are driving them into risky sexual

relationships in order to provide for the family. In the words of Nca, a 24 year old mother in KwaXimba, teenage pregnancy “is really just all about sex and money” (Nca, November 15, 2012).

*Peer Pressure at Home and Effect of Families on Teenage Pregnancy in KwaXimba:*

Throughout the two hour long focus group, the four young women expressed their condemnation of family life in KwaXimba on the future of youth. Gabisile, trained in social work by the Valley Trust Vulnerable Children Program, expressed concern that “parents abuse alcohol, don’t take good care of children” and that “parents have sex in front of children, so children grow up doing the same thing” (Gabisile, November 15, 2012). The other women agreed that parents don’t encourage schooling, sports, or community actions. The parents exhibit risky behavior like unprotected sex, alcoholism, and drug abuse in front of their young children. These children are impressionable and model their behavior after their parents, putting them at risk as teenagers to teenage pregnancy, HIV, and substance abuse. The women believed that their parents’ behavior had a large effect on their future and behavior as teenagers. Additionally, one woman believed that “parents are uneducated and tell daughter to get a boyfriend to leave the house and get own house” (Deliwe. November 15, 2012). The responsibility placed on teenage girls to get a boyfriend extends past school peer pressure from their friends, into home life. When Lucky was asked if she experienced peer pressure to engage in risky sexual behavior at school she stated “no, not really, [she] faced peer pressure from home” (Lucky, November 15 2012). All four women agreed that they experienced pressure from home to acquire an adolescent or older boyfriend that would be able to provide monetary compensation to the family for his time spent with their daughter.

Unlike many journals and articles written on the stigmatization of families whose daughter fall pregnant before marriage during their adolescence, the focus group found teenage pregnancy to be so common throughout KwaXimba that their parents and community accepted their pregnancies as a natural procession of their adolescent years. When asked to explain this phenomenon Deliwe commented, “to be pregnant is just like nothing. It’s okay. You don’t get kicked out of the house because of the grant” (Deliwe, November 12, 2012). The tolerant attitude exhibited by parents about teenage pregnancy is instigated by the fact that teenage mothers provide income for their family through the Child Grant and damages paid by the father of the child’s family. In contrast, researchers have found that “stigmatization may also apply to the whole family” and “the mother’s parents are seen as having failed in their duty to teach and control their daughter”(Garenne, 2008). The literature on stigmatization of the young mother’s family does not support the opinions of the young women of the focus group who believed that their community accepted teenage pregnancy as an expected event. Additionally the shame and embarrassment around teenage pregnancy is mitigated by the income that pregnant teenagers are able to bring in from having a child. According to the women in the focus group, families accept teenage pregnancy because it provides money for families in poverty who are desperate to make ends meet. The high incidences of poverty make some parents more accepting of teenage pregnancy in KwaXimba because a new baby brings money to the parents of that teenage mother.

Only half of the young women interviewed were able to go back to school after giving birth to their child; yet only one woman passed matriculation. Twenty-six year old Lucky was able to go back to school because she had a fiancé when she fell pregnant so her parents accepted her and took care of her baby because “the family had hope [she] would get married and they

would get the lobola” (Lucky, November 15, 2012). The common thread between these statements made by the women of the focus group was that if money would be provided then “to be pregnant is like nothing” (Deliwe, November 15, 2012). The promise of a lobola granted Lucky the opportunity to finish her education; yet, once her child’s father did not follow through with the lobola, she was denied further education because her parents no longer would take care of her child. In Lucky’s case, her ability to educate herself rested on her ability to keep a fiancé who could provide funds for her family. The young women shared that having a baby hindered their educational attainment because their parents expected them to either have obtained a lobola or come home to take care of the baby. The inability to reach matriculation denied the young women of the group the capacity to earn a job that required secondary school completion and the acquisition of skills that would allow them to earn money for their family that didn’t require the sacrifice of their sexuality.

#### *The Role of Mothers in Teenage Pregnancy in KwaXimba:*

Mothers pride themselves on providing love, food, and shelter for their children, but according to four women in KwaXimba their mothers also provided them with incentives and encouragement to engage in risky sexual relationships. When asked why they felt pressured at home to obtain a boyfriend and conceive a child, all four women agreed that from their experience teenage pregnancy is encouraged by mothers to get a lobola or damages paid by the father of the child’s family. South African literature found that premarital sex was encouraged under some circumstances like “right after puberty, young unmarried women were allowed if not encouraged, to flirt with bachelors, a practice called ‘gangisa’” (Garenne, 2008). This journal does not specify who young South African girls are encouraged by, but the four women in

KwaXimba all place blame on their mothers. The youngest woman of the focus group believed that early pregnancy “is encouraged by mothers” because “if they know a boy has a lot of money the mother wants her daughter to fall in love with him” (Busisiwe, November 15, 2012). All the woman shook their heads and agreed; yet, they informed the learner that there was one way to obtain a young man’s love and that was through sex. Sex was the underlying theme that achieved a relationship in the adolescent relationships in the village. Gabisile continued that “mothers expects boys to fall in love with girls and give them gifts” because those gifts will provide affluence for the family and take the pressure off the parents to provide for their daughter (Gabisile, November 15, 2012). Mothers assume that young boys will automatically fall in love with their daughters, but it was unexplained whether or not the mothers knew that sex was a prerequisite for this love.

One of the young women mentioned a cycle that she believed young women fall victim to when their mothers gain control over their personal and sexual relationships. The woman even believed that mothers were “corrupt and only looked at a boy for her daughter if he was rich” (Lucky, November 15, 2012). Lucky described the cycle of control her mother exhibited went in this order: “1) mama looks at boy if he is rich 2) mama tells girl to fall in love 3) girl falls pregnant 4) family takes girl to boy’s family to pay the damages” (Lucky, November 15, 2012). This cycle begins with an initial search by mothers for a wealthy boy and results in the mother attempting to gain assets through the exploitation of her daughter. The acquisition of wealth for the family comes at the cost of the daughter’s sexual independence and educational future. In the past, researchers in South Africa found that “parents in particular, could position their daughters as being isifebe, or loose women, in order to deny them the opportunity to worship or school, both practices associated with possible desertion to the towns and the loss of

labor” (Garenne, 2008). In contrast to this statement, the young women of the focus group only found that their mothers positioned them to have “loose” behavior and morals. Also they believed that a denial of school or job opportunities was not a direct cost of their risky sexual behavior nor was it their mothers’ key objective. The women believed that the main intention of mothers propositioning their daughters in sexual relationships was to obtain money. An indirect cost of this cycle is the loss of educational and career opportunities for the teenage mothers. The reiterated causes of teenage pregnancy of peer pressure and poverty are evident in the cycle described by Lucky. Yet the mother applies the pressure and the phenomenon of “sex for survival” applies to the survival of the entire family, not just survival of the teenage girl. The final stage of the cycle involving the reparation of damages from the young man’s family or a marriage proposal has been documented in South Africa literature. Researchers believe that this is cutting down on the rates of marriage and delaying the age of marriage because of the expenses. In the past, men were forced to work away from home in harsh conditions to be able to pay a lobola but today men face an even larger difficulty “in marrying and setting up an independent household” due to the high price of lobolas and weddings (Hunter, 2005). The high price of lobolas is causing young men to postpone marriage, thus many teenage mothers are no longer getting married to the father of their child. According to the women of the focus group, the fathers of teenage mother’s children almost always leave without offering engagement. The women from KwaXimba believed that despite their mothers’ attempts, the young men rarely fall in love and rarely provide funds for the child.

The woman stated though that if their family could not receive money from the father of the child, at least “we would still get the child grant” (Deliwe, November 15, 2012). The belief that the South African Child Grant is encouraging teenage pregnancy has been debated and

studied, finding that it has not dramatically increased teenage pregnancy since its introduction. However an article on teenage pregnancy in the area of Zidindi, South Africa agreed with the women in the learner's focus group that teenage pregnancies are providing money for the families because according to one community health worker in Zidindi "those babies are going to provide these women with their only income for about the next 20 years" (Taylor, 2012). The women of KwaXimba strongly believed that the Child Grant was a form of income for their family for an extended period of time. In comparison, a currently 19-year-old teenage mother in KwaXimba stated that her baby and her lived off the Child Grant but often in KwaXimba "the Child Grant supports the whole family" (Philile, November 21, 2012).

The dependence on the Child Grant in areas of KwaXimba refutes the ideas in literature that child grants are not supporting teenage pregnancy. In an assessment by UNICEF in 2012 of the Child Grant, it found that the Child Grant "reduced sexual activity and a fewer number of sexual partners, particularly when the adolescent also received the grant in early childhood" (UNICEF, 2009). The assessment also found that it "reduced pregnancy, again particularly when the adolescent also received the grant in early childhood" (UNICEF, 2009). The data obtained from the focus groups in KwaXimba refuted these claims, and revealed the damaging role of the Child Grant in teenage pregnancy. Although not enough data was obtained in KwaXimba to make a general claim about the Child Grant's perpetuation of teenage pregnancy in the community, the young women interviewed believed that many families are living off the Child Grant and expecting their pregnant daughters to provide them with that source of income.

Another tactic described by the young women that their mother would use to lure men into their lives was the approach of "sleepovers". The women described how mothers invite wealthier young men over to the house and tell them they can sleepover anytime so that they can

fall in love with their daughter. Deliwe said that “in that sleepover you get pregnant but you are not in love because he is only your friend” and you don’t really know him (Deliwe, November 15 2012). A disconnect exists between the mother’s desire to make young wealthy men love their daughters to receive a marriage proposal and the placement of their daughters in risky situations that facilitate sexual relationships. The young women in the focus group all believed it was the mothers’ fault that young girl got pregnant from being pressured into sexual relationships; yet, the girls did make the decision themselves to engage in sex with the men. By placing blame on their mothers, the young women were able to cope with the decision of a sexual relationship that led to teenage pregnancy. The true extent of the mother’s facilitation of teenage pregnancy and sexual relationships remains unknown because the learner did not have conversations with the older women of KwaXimba.

#### *Becoming a Woman in KwaXimba:*

In the discussion at KwaXimba with the young women, the learned discussed with them what they believed defined the moment that they became a woman and what characterized womanhood in their culture. First, when asked when women should become pregnant for the first time all women agreed that age sixteen was the socially acceptable age to have the first child. In comparison to the interview with LoveLife Groundbreaker Gugu, the women of KwaXimba believed that if you did not have a child in adolescence the community and men would judge you as infertile. However, they believed that the age the child should be in the womb was sixteen and not nineteen like Gugu had stated. The fact that a current teenager believed the age of essential pregnancy was later than women a generation older than her could signify a shift in the newest generation engaging in later pregnancies. In contrast, Gugu’s role as



a LoveLife Groundbreaker promoting abstinence and safe sex could skew her estimation of the age of demanded fertility. When asked if having a child means that a girl enters womanhood, Deliwe responded that “people believe you are a brave woman, a grown woman now if you have had a baby” (Deliwe, November 15, 2012). Despite the hardships matriculating that the teenage mothers mentioned they all ultimately felt that having a child allowed them to become a woman. The sense of pride exhibited by Deliwe when she mentioned that having a child during her adolescence made her a brave and strong woman illustrated her perception of the community’s beliefs around teenage pregnancy. To her community, having a child of her own made her no longer a child.

In contrast, during an interview with four school-going learners in KwaXimba a 19 year old student did not believe that teenage pregnancy allowed a young girl to become a woman. Nokubonga disagreed with this phenomenon and stated that in contrast “having a child as a teenager makes a woman become a child again and she must admit her mistakes” (Nokubonga, November 20, 2012). This student was not a teenage mother and felt having a child during secondary school was a sign of immaturity and should be considered a mistake. This comment raised questions because the group of students the learner was interviewing included two teenage mothers and two girls who did not have children. One of the 18 year old girls in the group disagreed that when she had her baby a year ago, she had to dedicate everything to taking care of her baby and became a woman because she “raises [her] child all on [her] own” (Sibahle, November 20, 2012). The contradictions between school-going mothers and school-going adolescent girls brings into question whether or not teenage motherhood signifies womanhood and how girls in the community who do not have children view teenage pregnancy with regard to their own passage into womanhood.

All four women who participated in the focus group on November 15, 2012 had mothers who were also teenage mothers. The cycle of teenage motherhood was passed through their family's generations and perceived as normal. Deliwe stated that a teenage mother's mother would say "you are like me now, you need to take care of your child like I took care of you" (Deliwe, November 15, 2012). All of the women in the focus group agreed with this statement and acknowledged that once they became a teenage mother, their mother accepted them as her equal and as a grown woman.

The paradigm of teenage pregnancy and womanhood illustrated by the focus group in KwaXimba reveals a standard where young girls model their behavior after their mothers and accept teenage pregnancy as the essential step to womanhood. In a community where poverty rates are high and job opportunities are low, the women in the group agreed that becoming a woman and having a child was a prideful act that gave young women respect in the community. This paradigm exemplified by the focus group cannot be oversimplified to take into account all definitions of womanhood for South African mothers; however, it does provide evidence for why those four women got pregnant during their adolescence and why it was not a stigmatized event in their family or their community. As illustrated by the school-going learners who were not teenage mothers, there are other ways to become a woman and teenage pregnancy can sometimes be viewed as an immature act, not a step into womanhood.

#### *Future Aspirations in KwaXimba:*

Becoming a teenage mother poses opportunity costs for adolescent girls and affects their future as a productive member of the community. Out of the four teenage mothers in the focus group on November 15, 2012, only one woman passed matriculation and none of the young

women continued on to further education. Additionally the only woman who passed matriculation is the only woman who is married out of the four. Despite the strong urge from their parents to find a wealthy boy to pay lobola for them, only one woman actually received this payment showing the fallacy in the cycle. The oldest woman in the group Gabisile is a single mother and has a fourteen-year-old daughter. When asked about how she would prevent her daughter from becoming pregnant so that she could finish matriculation Gabisile said that “no one ever told [her] what was wrong or right” and that she talks with her daughter about all issues so that she can finish her schooling (Gabisile, November 15, 2012). However, there is a contradiction between Gabisile wanting her daughter to “abstain from all sex” and her agreement that all girls in their community should get pregnant by age sixteen to prove fertility (Gabisile, November 15, 2012). Gabisile appeared confused and contradicted her previous statements about fertility when she told the learner that her daughter would not be getting pregnant at sixteen. All of the women adamantly believed that their children would not become teenage parents, yet where does this cycle stop? Unless this new generation of mothers rejects the lessons of their parents, specifically their mothers, their daughters will fall victim to the same traps of teenage pregnancy that their mothers fell in.

The four school-going learners interviewed on November 20, 2012 from Secondary School Y in KwaXimba have high hopes for their future. Unlike the older women from the other focus group who were once teenage mothers and had to drop out of school, the adolescent girls interviewed who are currently teenage mothers are still in school and expect to matriculate next year. These four teenage girls want to matriculate from Secondary School Y in KwaXimba and enter University. All of the girls exhibited excitement when they informed the learner what careers they wanted to have: one wanted to be a teacher, one wanted to be a nurse, one wanted to

be a policewoman, and one wanted to be a social worker. At this moment the fact that two of the young women were teenage mothers in that focus group no longer mattered, all four girls wanted a career that they believed would help their community and provide them with a successful future. Additionally all of the learners in the group did not want to get married, and the two teenagers who already had children did not want any more children. These girls' desire for a successful future contrasts the futures of the women in the focus group who were once teenage mothers.

The future of teenage mothers goes beyond the emotional and educational costs of bearing a child during adolescence. The economic costs of teenage motherhood have effects on poverty and job acquisition. Teenage pregnancy in South Africa has been linked to literature about economic security, revealing how a lack of education prevents adolescent mothers from being able to become economically valuable members of South Africa. (Macleod, 2003). By dropping out of secondary school or failing to be able to attend University, teenage mothers lack the human capital skills to obtain a decent job. The “motherhood” tax affects lifetime earnings if their schooling is disrupted by teenage pregnancy (Chaaban, 2011). This proposed “tax” has affected the four older mothers of KwaXimba who were either unable to finish secondary school or were unable to go to university. However, the younger generation of teenage mothers interviewed by the learner in KwaXimba had hope that their future would include University and esteemed careers. The extent to which the “motherhood tax” will affect this new generation of teenage mothers is unknown and depends upon their ability to break the cycle of teenage motherhood poverty by continuing their education and their trust in a better future for their child.

### **Interpretation of Teenage Motherhood in KwaXimba:**

The learner created a body map of her perception of the future and emotions of a teenage mother in KwaXimba. Through the interviews, focus groups, and personal observations made, the learner created a body map to convey her understanding of the life of a teenage mother in KwaXimba. This body map does not include any names or direct attributes of any of the teenage mothers interviewed. The body map articulates the learner's perception of a teenage mother's future, dreams, pressures, and symbolic qualities.

(NOTE THAT PICTURES HAVE BEEN EXCLUDED TO ENABLE EMAIL TRANSFER)

This portion of the learner's body map represents the teenage mother's passions, goals, strength, and a symbol of her life altering moment. The heart with the phrase "Better Future" incased in it represents the passion of the teenage mother. Throughout the learner's interviews she found that all the teenage mothers shared one passion, and that was for a better future for themselves and their child. However, the gate around the heart represents the angst and despondency of the teenage mother because the learner found that many of the young women interviewed were very guarded and emotionally distant. The teenage mother's goals are depicted in the thought bubble that includes "teacher, social worker, nurse, and police" because those were the prominent future career goals that the young women interviewed wanted to achieve. The teenage mother's goal for the future is linked to her passion by a pencil showing that the way to achieve a better future is through education. Additionally the young woman's power is depicted on the figure's head to show how the learner believes that knowledge is the key for a young mother to overcome adversities. Also the life-changing event illustrated during the body

mapping experience is a symbol of a child, to show how having a baby altered the future of the adolescent girl.

The handprints on the opposing sides of the body represent pressures placed on young women. The red handprints represent family pressures, while the blue handprints represent peer pressure. Through the focus groups, the young women addressed how their family and friends played a large role in their early pregnancy. The handprints reaching in towards the woman reveal the pressure placed on her by her community, and the stress young women in KwaXimba experience both at home and at school. Additionally the stress on the body was portrayed on the young woman's womb, revealing the pressure felt to engage in sexual activity. In body maps, a symbol to describe the individual is placed in the middle of the body. The learner chose to symbolize the teenage mother by a glass filled half way to show that teenage mothers have the ability to see their life and future as half full or half empty. This view of themselves and the effect that their early pregnancy had on them will play a role in their future and ability to reach goals.

The clock on the bottom right describes the four things that the young woman feels she must do right now. The clock reads "Do communicate. Do provide for family. Do matriculate. Do dream." These four phrases were hypothesized from the statements and emotional behaviors that the learner obtained from the teenage mothers in KwaXimba. The young women addressed the need to communicate with men and have hopes for the future but were torn between providing monetary support for their family and finishing their own education.

The bottom of the body map and the legs of the young women represent two future paths that the learner foresaw as possible. One future path has a symbol for matriculation and University, while the other path has a symbol for dropping out of school and receiving monetary handouts from the South African government through the Child Grant or from men. These two different paths were depicted by the two different focus groups conducted by the learner. In one focus group with younger teenage mothers, the young women showed hope for a good career and university education; however, the focus group with older mothers revealed that the majority of these women did not pass matriculation and were living primarily off of money given to them. However, both focus groups of women shared a desire to communicate with their children about the consequences of risky adolescent behavior, which is illustrated on both future plans. This body map does not necessarily depict an exact or accurate future of a teenage mother in KwaXimba; however, it does represent the persona of teenage mother through the eyes of the learner.

**Conclusion:**

The objective of this independent study project was to identify the factors in rural villages of the Valley of a 1,000 Hills that led to high rates of teenage pregnancy. The learner's focus was narrowed to study the costs and causes of teenage pregnancy in a traditional rural village called KwaXimba in the Valley of a 1,000 Hills. Through interviews and discussions with twelve young women in KwaXimba, the learner found that there was not one main cause of teenage pregnancy and that the contradicting statements made by the young women created a convoluted representation of teenage pregnancy in the community. The young women placed the blame of teenage pregnancy on peer pressure, sugar daddies, poverty, family pressure, and the cultural beliefs of womanhood in their community.

Nearly all interviewees agreed that teenage pregnancy was a result of peer pressure and poverty. The pressure from friends in secondary school to have a boyfriend and fit in causes girls to engage in sexual relationships before they felt ready to. Additionally once they obtained a boyfriend the interviewee's believed that adolescent girls felt pressured by boyfriends to not use a condom during sex, especially in cases where gifts were given. The gift-giving dynamic



that is evident with both adolescent boys and older men creates a sexual relationship where the younger girl feels less able to negotiate with her partner. The concept of sugar daddies and sexual gift giving in regard to teenage pregnancy has infiltrated relationship dynamics, making multiple partners more commonplace. According to some of the women in the study, the multiple partner relationships that the youth are partaking in is causing the rate of HIV prevalence to increase as the disease is constantly spread to new people. Teenage pregnancies and a proliferation of HIV in secondary schools are preventing young women from passing matriculation and pursuing further education.

The data collected about mothers' involvement in teenage pregnancy was not supported by any literature found by the learner. The learner was informed that poverty leads mothers to encourage their daughters to have sexual relationships with wealthy men to gain monetary funds that can support the family. The extent to which this phenomenon actually exists in KwaXimba and other poor communities remains unknown; however, from the learner's focus group, all of the women agreed that their mothers' pressure led to their teenage pregnancy. Yet, the younger generation of women interviewed believed peer pressure played a larger role in teenage pregnancy and stated that teenage pregnancies brought shame upon the family. The contradicting statements made about the causes and effects of teenage pregnancy complicate proposed solutions to mitigate the costs of teenage pregnancy on young girls. The one concept that has remained constant through each interview and focus group was how damaging teenage pregnancy is to the future of young women.

The future of South African teenage mothers has an effect on the country as a whole. When teenage motherhood causes girls to drop out of school, they lose the ability to obtain a job that necessitates a diploma. The cycle of poverty and unemployment that some young mothers

fall into predisposes their child to a life of hardships. The future goals of the different aged teenage mothers interviewed revealed how life changing their pregnancy was. The eighteen-year-old student's comment that "the youth is interrupted by pregnancy" reveals how an unplanned pregnancy causes young girls to take on the responsibility of an adult (Mbalenhle, 8 November 2012). Becoming a teenage mother in KwaXimba does not need to rob a young girl of her future; however, the learner was told that it was too difficult for these young girls to raise a child on their own. Family support, educational support, and community stigmatization play a large role in the success of a young woman raising a child. The youngest mothers interviewed in KwaXimba strongly believed their future would be bright, and that their children's youth would be better than their own. These young mothers now have the power to guide their children and not make the mistakes of their own parents. Ultimately, the learner found that teenage pregnancy is more than just "sex and money" in areas of poverty with external pressures. Teenage pregnancy remains to be an enigmatic dynamic of young women's youth in KwaXimba that has the power to damage the future of young women and their children.

### **Recommendations for Further Study**

This study performed with the Valley Trust in the rural village of KwaXimba could have been elaborated over a longer time span. If more young women were interviewed the learner could have been able to more accurately generalize the data obtained to the teenage mothers in KwaXimba. Additionally, if time had permitted the learner would have liked to of interviewed more older mothers in KwaXimba to better grasp the mother-daughter relationship and understand to what extent the sexual exploitation of daughters really existed in family structures. The partial data obtained by the learner about teenage pregnancies did not fully explain the widespread problem of teenage pregnancy in Kwa-Zulu Natal. Additionally interviews should be conducted with the young women in nearby villages to KwaXimba to understand on a greater scale the issue of teenage pregnancy in rural environments.

Furthermore, additional research should be conducted on the role of the South African Child Grant in perpetuating teenage pregnancy. Although it has been found to have not provoked adolescent girls to become young mothers, the participants in the learner's study strongly believed that the Child Grant played a large role in teenage pregnancy, especially in areas of high

poverty. The role of the Child Grant was repeated throughout the learner's three weeks of independent study and was explained as an incentive for young women and poor families to obtain income. The future of children of teenage mothers could also be elaborated through further studies to illustrate whether or not children of young mothers are more likely to engage in risky sexual behavior. The contradicting statements about adolescent abstinence, the role of the Child Grant, and the role of peer pressure should be further studied to understand what steps can be made to mitigate the costs and risks of teenage pregnancy.

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12. Thandiwe. 20 November 2012. Zulu Female. Community Care Giver of Valley of a 1,000 Hills.

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<sup>1</sup> All names of primary sources have been changed throughout this paper

## **ILP Application for Review of Research with Human Subjects**

**Fall Semester 2010**

**School for International Training - Study Abroad**

**South Africa: Community Health, Program**

Student to complete all questions, and anticipate probable issues and interactions before actual research begins. Submit this document and related documents to your Academic Director(s). Should you need to interview subjects that differ from the profile(s) below, you will need to provide details to the Academic Directors for further approval. Please make inserts in **BOLD**, and email to [john.mcgladdery@sit.edu](mailto:john.mcgladdery@sit.edu)

### **ILP Details**

1. Student's Name: Margaret Nelson

2. Student Phone and/or E-mail: [margaretnelson@oxy.edu](mailto:margaretnelson@oxy.edu) 0837001055

3. Title of ILP: Is It Really Just All About Sex and Money?

A Case Study of Teenage Motherhood in the Village of KwaXimba in the Valley of a 1,000 Hills

4. ILP Advisor Name, Title, and Contact Telephone:

The advisor failed to provide guidance or support throughout the ISP process.

### **Human Subjects Review**

1. Brief description of procedures relating to human subjects' participation:

a. Indicate proposed number of persons that may be participating per set

-Experts (NGO members) - 1

-Students: 7

-Teenage Mothers: 4

- Community Health Worker: 1

a. Provide details of any cooperative institution? What is it, who is the contact, and how was their permission obtained?

The Valley Trust NGO cooperated with the learner and provided opportunities for the learner to engage female students and teenage mothers in focus groups throughout the local area. The permission to operate within the Valley Trust was obtained on October 19<sup>th</sup> 2012 from S'bo the executive director of the Valley Trust after having a discussion with him and Clive Bruzas in the Valley of a 1,000 Hills.

- b. What will participants be asked to do, or what information will be gathered? (Append copies of interview guides, instructions, survey instruments, etc. where applicable).

The participants in the focus groups were asked to share their personal stories and to answer the learner's questions about teenage motherhood and pregnancy (see questions under Methods section). The information gathered with the consent of the young women was utilized to compose the learner's ISP research paper on the causes and costs of teenage motherhood in KwaXimba of the Valley of a 1,000 Hills.

- c. Reciprocity – what is being given back to each participant?

Experts who provided a foundation for the ISP and support in composing the learnership received a small token of appreciation, such as candy or a card. But most participants in the learner's study only received a 'thank you so much' expression of appreciation. Participants in the focus groups were provided with candy, drinks, or a light meal as a token of appreciation.

2. Protection of human subjects. Before completing this section, you must read and agree to comply with the SIT Study Abroad Statement of Ethics. Even if no research is being done it is incumbent on any person volunteering or learning to ensure no harm might be done.

- a. Have you read and do you agree to comply with the World Learning Ethics Statement noted above?

**YES**

- b. Identify and indicate whether any participants risk any stress or harm by participating in this Learnership Project? If there is even a slight possibility, should this research go ahead? Why? How will these issues be addressed? What safeguards will minimize the risks? (*Even if you do not anticipate any risks, explain why*)

Though the topic of teenage pregnancy is stigmatized in South Africa, no participants were at risk of any stress or harm in the process of this independent study project. The learner was sensitive while asking questions to teenage mothers and pregnant teenagers and the participants had the right to refrain from answering at any time. Additionally if the participant no longer felt comfortable in an interview she had the right to stop the interview and ask that none of the previous data could be used. Any participant could choose to be anonymous and all names were changed in this paper.

- c. Who might you need written consent from?

The learner needed written and verbal consent from the students and teenage mothers in the focus groups who no longer needed parental consent. If any photos were taken at the



focus groups, the learner obtained verbal consent from the participants before those photos were taken.

- d. Indicate whether any participants are minors or not likely to understand consequences of participation? If there are, how will they be protected, and who will ensure their rights are protected?

The learner explained in English and obtained a Zulu translator when necessary while conducting focus groups so that the young women (whom are able to give consent for themselves) knew the purpose of the focus groups and the nature of the independent study project. The participants of the focus groups were given the adult consent form and also needed to provide the learner with verbal consent that they understood the learner's purpose for conducting the focus group.

- e. Will you ask questions of any persons who may appear unable to negotiate freely? How will you protect them from feeling coerced?

No questions were asked of any person who was unable to negotiate freely. Any participant in the learner's study had the right to stop at any time and would have their privacy protected.

### **3. Human Subject Protection Essay:**

Describe who you will be interviewing and how you will ensure that the following will be protected. (Essay format – 1000 to 1500 words depending on situations)

- a. Privacy:

The information obtained by the learner will remain private unless the participant desires to have this knowledge be made public. All names of the young women interviewed have been changed throughout this paper. Since the main subjects in this learnership were young women who may be stigmatized in their community for teenage pregnancies, the learner provided a safe location for the participants to privately discuss with the learner. Additionally, the focus groups was held in a private area where the young women felt comfortable. Before the focus group of interview, the participant was asked if she would like her personal information shared. Participants were not be encouraged to share private information unless they were willing to do so. The participant was not penalized for refusing to share private information. During the interview or focus group the participants always had the ability to stop the conversation and have the learner remove the previous statements from her data. Additionally until the date of publish, the participants had the ability to withdraw from the study and have their portion deleted from the final paper.

- b. Anonymity:

Unless participants wanted to be identified by name within the paper, their personal information will not be included within the learner's data. The learner did not affix names to any information discussed without consent. Though the learner observed the interactions between the students, the Valley Trust, and outreach workers the learner was not able to use

any data that could give away the anonymity of any of the participants in that situation. Also for example, if during a focus group a teenage mother spoke of a specific school in the area and how her failure to matriculate was due to that school, this school has remained anonymous within the report. If any participant wished to remain completely anonymous, the learner has honored this request and omitted all discerning information about that subject from the report.

c. Confidentiality:

To protect the confidentiality of participants in the study the data collected has not included specific identifications or names with the direct data. For data that is inscribed on paper, the participants' name was coded once relayed onto a computer. Once information collected was put into the computer, written notes were immediately disposed of. Additionally data collected using a voice recorder were erased once the data was written up on the computer. The voice recorder and written notes of the learner were in her sole possession at all times. The information on the computer was protected by the learner's password and the learner kept this laptop in a safe environment. The data that the learner gathered through this process will not be used for any future assignments or brought back to her university in America. To protect the confidentiality of the subjects in this study, the learner has not shared any personal data with her own family members or friends in South Africa or in the United States.

d. Organizational Integrity:

To safeguard the integrity of the NGO and schools involved, all data collected that could be considered potentially damaging will be excluded from the final report. For example, if the learner discovered that the NGO is engaging in corrupt actions or not fulfilling their missions, the learner has made sure that this information has been eliminated. The exclusion of this information has been done so that the organization involved does not detect the original decisive statements. This information will not be read by anyone else and will not be passed on back to the organization.

**4. Participant observation situations; Declaration:**

When participating in an organization or community I will:

- a. Undertake a bilateral negotiation with the group I am participating with.
- b. Work with gatekeepers to assist in that negotiation and draw up a contract with that gatekeeper, defining roles and conditions of access.
- c. Work with the gatekeeper to communicate that contract with the group.
- d. Refrain from criticizing and intervening unless invited by the gatekeeper in consultation with the group, and even then with due tact and caution.

By signing below I certify that all of the above information is true and correct to the best of my knowledge, and that I agree to fully comply with all of the program's ethical guidelines as noted above and as presented in the program and/or discussed elsewhere in program materials. I further acknowledge that I will not engage in ILP activities until such a time that both my ILP proposal as

well as my Human Subjects Participation application are successful and I have been notified by my Academic Director(s) to this effect.

\_\_\_\_\_  
Student's name (signature)

Margaret Nelson  
Student's name (printed)

Date: \_\_\_\_\_10/26/2012\_\_\_\_\_

**Human Subjects Review Action Form  
For Office Use Only**

**Student Name:** \_\_\_\_\_

**Proposed ISP Title:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Semester and Year:** \_\_\_\_\_

**ACTION TAKEN:**

- ☐ Approved by AD(s) and/or ILP Advisor as submitted
- ☐ Approved by AD(s) and/or ILP Advisor pending revisions (revise and resubmit)
- ☐ Disapproved by AD(s) and/or ILP Advisor
- ☐ Requires ERB review

\*Please note hard copies of this form, the ILP proposal, and related correspondence are to remain filed in the program office for a duration of (no less than) one semester following completion of the ILP.

**ATTACHMENTS INCLUDED AS APPROPRIATE (CHECK ALL THAT ARE ATTACHED):**

- ☐ ISP/ILP Proposal (Reqd)
- ☐ Written Informed Consent form/s for adults (Reqd)
- ☐ SIT Human Subjects Policy (Reqd signed)
- ☐ Human Subjects Application and Essay (Reqd)
- ☐ Other(s) (please specify): ☐ Question Template?

## Consent Form for Adult Respondents in English

I can read English. (If not, but can read Zulu or Afrikaans, please supply). If participant cannot read, the onus is on the researcher to ensure that the quality of consent is nonetheless without reproach.

I have read the information about this learnership project and had it explained to me, and I fully understand what it says. I understand that this learnership is trying to find out about:

- The problems surrounding teenage pregnancy in the Valley of a 1,000 Hills
- The effects of teenage pregnancy on the school systems and the community
- The opportunities available to pregnant teenagers and young mothers in KwaXimba

I understand that my participation is voluntary and that I have a right to withdraw my consent to participate at any time without penalty.

I understand and am willing for you to ask me questions about :

- The challenges faced by pregnant teenagers in the Valley of a 1,000 Hills
- The future goals of teenage mothers and pregnant teenagers
- The stigma of teenage pregnancy
- The unmet needs of pregnant teenagers and young mothers in the Valley of the 1,000 Hills
- The school system's attitude towards pregnant teenagers
- The NGO's attitudes about teen pregnancy and their efforts to provide support

I **do/ do not** require that my **identity (and name)** be kept secret (*delete inapplicable*). I understand that, if requested, my name will not be written in any reports and that no one will be able to link my name to the answers I have given. If requested, my individual privacy will be maintained in all published and written data resulting from this learnership project.

I **do/ do not** (*delete inapplicable*), give permission for a **photograph** of me to be used in the writeup of this learnership or for future publication. I understand that the learner will not use or provide any photographs for commercial purposes or publication without my permission.

I understand that I will receive **no gift** or direct benefit for participating in the learnership.

I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (18 Alton Road, Glenmore, Durban).

I know that if I have any questions or complaints about this learnership that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982 ).

I agree to participate in this learnership project.

Signature (participant)\_\_\_\_\_Date:\_\_\_\_\_

Signature (learner)\_\_\_\_\_Date: \_\_\_\_\_

\*\*Signatures held by SIT SFH Durban